

Tracking Activities

Tracking Codes (in order of sequence on Time Study Form)

Tracking Codes	Activities
3	Educational and School-Related Activities
4	Direct Medical Services
10	System Support or Personal Time
9a & b	Referral, Coordination and Monitoring
1a & b	Outreach
2a & b	Facilitating Applications
5a & b	Transportation
7a & b	Program Planning, Policy Development and Interagency Coordination
8a & b	Training

****The scenarios in this training manual represent activities that would be classified on a time study day. If the activity does not happen on the time study day, it should not be marked on the time study form.***

Code 3 - Educational and School-Related Activities

Description: This code should be used for school-related activities, **including but not limited to: staff's normal or regular assigned duties**, social services, educational services, teaching services, employment and job training, and other activities that are not Medicaid-related. These activities include the development, coordination, and monitoring of a student's educational plan. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of Code 3:

- Preparing and providing classroom and/or individualized instruction
- Social and educational service activities
- Evaluate curriculum, policies or instruction
- Develop, coordinate and monitor IEP goals
- Attend meetings for initial approval or review of IEP
- Supervise students outside of the classroom
- Carry out discipline
- Monitor immunization compliance
- Obtain student registration information

Further references:

- CMS guide page 26, 27

Scenario 1:

Activity: Nancy, the school nurse, reviews the immunization records for students and finds that a student who is Medicaid eligible is in need of immunizations to remain in school.

Explanation: Reviewing and identifying the need for immunizations should be classified as code 3.

Scenario 2:

Activity: Paul Power, the principal, must suspend Wanda for three days for cursing at a teacher.

Explanation: The principal must classify the time spent to discipline Wanda as Code 3.

Scenario 3:

Activity: A new student, Sam, has registered for school. Counselor Caring and Simone, the school's secretary, are reviewing the student's file. They discover that Sam is Medicaid eligible.

Code 3 continued

Explanation: This activity should be marked to Code 3. Reviewing files would be done for all students.

Scenario 4:

Activity: The elementary principal's secretary, Simone, types a behavior report for a student who is Medicaid eligible. The report is going to be sent to the parent and the principal.

Explanation: The secretary's time spent performing clerical activities related to discipline issues with students must use Code 3 for this activity.

Scenario 5:

Activity: The high school principal, Paul Power, is observing the school counselor for the purpose of evaluation.

Explanation: The principal must use Code 3 for his time evaluating staff.

Scenario 6:

Activity: Tommy Teacher is attending a staff meeting on Wednesday afternoon on one time study day. Discipline procedures and rules are reviewed.

Explanation: The time spent in the meeting should be classified as Code 3.

Code 4 - Direct Medical Services

Description: School staff should use this code when providing care, treatment, and/or counseling services to an individual. This code also includes administrative activities that are an integral part of or extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, parent consultations, billing activities). This code also includes all related paperwork, clerical activities, or staff travel required to perform these activities. **Services generally available to all students without charge are referred to as the free care principle. (i.e. calling parents because a student is sick, health screening provided for all students, first aid services)**

Examples of Code 4:

- Providing care, treatment, and counseling services
- Physical or mental health assessments and diagnostic testing
- Clinical services
- Developmental assessments
- Health/mental health services identified in an IEP
- Assisting with personal care or special procedures
- Speech, occupational and/or physical therapies
- Routine or mandated health screenings
- Administering first aid, prescribed injection, immunizations or medications

Further references: CMS Guide page 4, 20, 27, 28

Scenario 1:

Activity: The district's physical therapist, Flo Flexible, serves a child in a wheel chair that has multiple health related issues and has a 504 Plan. She spends a great deal of time coordinating these services. The majority of these services are through Medicaid providers.

Explanation: Flo should code her time to Code 4 because as a physical therapist, she is a direct provider of Medicaid services. The corollary services provided by a PT are part of the direct Medicaid service, not administrative (Ad Match) activity.

Scenario 2:

Activity: Jill, a Medicaid eligible student at Washington Middle School, is sent to the school nurse by a teacher. The nurse has her lie down and her temperature is taken. The nurse determines that Jill has a high fever and needs medical treatment. The nurse calls her parents and tends to Jill until her parents arrive. The parents take Jill to the doctor.

Code 4 continued

Explanation: The time the nurse spent with Jill is considered direct medical services, which fall under the principle of free care. These services are considered generally available to all students without charge. This should be coded to Code 4.

Scenario 3:

Activity: During a vision screening, the school nurse finds that Sally needs a complete eye exam. She calls Sally's parents to inform them.

Explanation: Eye screenings provided at the school are direct medical care available to all students without charge (free care). The follow-up (contacting parents) is a corollary part of the direct service. The nurse's time should be classified as Code 4.

Scenario 4:

Activity: Jack B. Tumble falls off the swing at recess and breaks his arm. The nurse calls Jack's parents.

Explanation: First aid services and contacting the parents are considered "free care". The nurse's time spent providing these services should be coded to Code 4.

Code 10 – Personal Time

Description: This code should be used by time study participants when performing activities that are not directly related or assignable to their educational program/duties or another activity code.

Examples of Code 10:

- Lunch, breaks, vacation, and sick leave.

Further references: CMS Guide page 13, 22, and 35

OMB Circular A-87. A cost is allocable to a particular cost objective/activity in accordance with the relative benefits received.

Scenario:

Activity: Maria, a kindergarten teacher, becomes ill and goes home after morning class. It is a time study day.

Explanation: Code 10 is re-allocated based on the distributed share of time spent on all activities.

Code 9 - Referral, Coordination and Monitoring

9a - Referrals for non-Medicaid Services

Description: School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of non-Medicaid services, such as educational services. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of Code 9a:

- Referring to social, educational, vocational services and special education
- For districts internal referrals include:
 - Staff referrals to the nurse for injuries, suspected substance abuse, etc.
 - Staff referrals to the administration for discipline, medical needs, scholastic concerns, etc.
 - Staff referral of a student for assessment for 504 or Special Education services
- Gathering any information that may be required in advance of non-Medicaid related referrals.
- Participating in a meeting or discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid
- Taking information for Free and Reduced Lunch Program

Further references: CMS Guide page 33

Scenario 1:

Activity: Joe, a student with a history of aggressive behavior, acts out on the playground. The teacher refers Joe to the school anger-management class.

Explanation: The teacher's time spent referring the student is an internal referral and should be classified as Code 9a. To be billable to Medicaid (Code 9b) a referral must be to a Medicaid provider.

Scenario 2:

Activity: Jill, a student, comes to school visibly intoxicated and has exhibited other signs of substance abuse. The school nurse informs the principal. The principal calls the parents. The parents state that they will take their child to treatment provided by their insurance.

Code 9a continued

Explanation: The nurse referring the child to the principal is an internal referral and should be coded to Code 9a. To be billable to Medicaid (Code 9b) a referral must be to a Medicaid provider.

Scenario 3:

Activity: The school counselor calls Jill's parents as a follow-up to the incident described above. The parent states that Jill's treatment counselor wants information gathered from the teachers. The treatment center is not a Medicaid provider.

Explanation: The gathering of information to provide to the treatment center should be coded to Code 9a because the treatment center is not a Medicaid provider. To be billable to Medicaid (Code 9b) a referral must be to a Medicaid provider.

Scenario 4:

Activity: Jill's parents request the school counselor coordinate Jill's appointments with the treatment counselor after Jill returns to school. The treatment counselor is not a Medicaid provider.

Explanation: The coordinating of counseling appointments should be coded to Code 9a because the treatment center is not a Medicaid provider. To be billable to Medicaid (Code 9b) a referral must be to a Medicaid provider.

Scenario 5:

Activity: Jan's family moves to the area two weeks after school starts. When the school secretary helps Jan's parents fill out registration material, she finds that Jan may qualify for the free lunch program. The secretary records the information for the Free and Reduced Lunch program. The secretary takes Jan and her parents to the school counselor and tells the counselor that Jan might be eligible for Medicaid.

Explanation: The secretary's time referring the student to the counselor is considered an internal referral and should be marked Code 9a.

Scenario 6:

Activity: Joe would like to participate on the high school basketball team this year. When the basketball coach, Super Sonic, realizes Joe has not received a sports physical yet, he refers him to a Medicaid provider to get his physical before the season begins.

Explanation: A sports physical is an education mandate. Coach Sonic's time spent explaining the requirement or making the referral should be classified as Code 9a.

**CODE 9.b. REFERRAL, COORDINATION, AND MONITORING OF
MEDICAID SERVICES – PM/50 Percent FFP**

School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. Referral, coordination and monitoring activities related to services in an IEP are reported in this code. Activities that are part of a direct service are not claimable as an administrative activity. Furthermore, **activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, and patient consultation, billing activities) should be reported under Code 4, Direct Medical Services.** Note that targeted case management, if provided or covered as a medical service under Medicaid, should be reported under Code 4, Direct Medical Services. Activities related to the development of an IEP should be reported under Code 3, School Related and Educational Activities.

1. Identifying and referring adolescents who may be in need of Medicaid family planning services.
2. Making referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations.
3. Making referrals for and/or scheduling EPSDT screens, interperiodic screens, and appropriate immunization, but NOT to include the state-mandated health services.
4. Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid.
5. Arranging for any Medicaid covered medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
6. Gathering any information that may be required in advance of medical/dental/mental health referrals.
7. Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid.
8. Providing follow-up contact to ensure that a child has received the prescribed medical/dental/mental health services covered by Medicaid.
9. Coordinating the delivery of community based medical/dental/mental health services for a child with special/severe health care needs.

10. Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid service providers as may be required to provide continuity of care.
11. Providing information to other staff on the child's related medical/dental/mental health services and plans.
12. Monitoring and evaluating the Medicaid service components of the IEP as appropriate.
13. Coordinating medical/dental/mental health service provision with managed care plans as appropriate.

Case Management: Note that case management as an administrative activity involves the facilitation of access and coordination of services covered under the state's Medicaid program. Such activities may be provided under the term Administrative Case Management or may also be referred to as Referral, Coordination, and Monitoring of Medicaid Services.

Case management may also be provided as an integral part of a medical service and would be included in the service cost. The state may also cover targeted case management as an optional service under Medicaid.

School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of Medicaid covered services. Include related paperwork, clerical activities or staff travel required to perform these activities.

Code 9b continued

Scenario 1:

Activity: Andy received a prescription for asthma, which was given to the school nurse, Nancy, for dispensing during the school day. Nancy is concerned because there are only two days left of the medication. Nancy calls the parents, who tell her that they have not ordered more medication because they no longer have private insurance. The parents inform Nancy that Andy is now on Medicaid. Nancy provides the parents with a Medicaid provider list so Andy can get a new prescription.

Explanation: The time Nancy spent working with the parents to obtain Medicaid services should be coded to Code 9b. Nancy writes on the time study narrative that she spoke to Andy's parents about his medical condition and provided them with the names of Medicaid providers.

Scenario 2:

Activity: Jack, a student, has repeatedly been referred to the office for discipline. The parents met with Mr. Caring the principal. It is agreed that Jack should see a physician to determine if his disruptive behavior could be medically related.

The doctor, who is a Medicaid provider, requests the principal gather information needed to diagnose Jack. The principal contacts the teachers to gather the requested information.

Explanation: Mr. Caring should mark Code 9b for the time he spent gathering information and contacting the staff. Staff who supply information for the doctor should also mark code 9b.

Scenario 3:

Activity: Sally, a student, is sitting in front of the classroom, but is unable to read the board. The parents are notified by Tommy Teacher and he assists them in making an appointment with a Medicaid provider for an eye exam. Mr. Teacher has written permission from the parents before calling the provider.

Explanation: The time Mr. Teacher spent contacting the parents and assisting in making the appointment with the Medicaid provider should be marked Code 9b.

Scenario 4:

Activity: During a vision screening, the school nurse finds that Sally needs a complete eye exam. She calls Sally's parents to inform them and tells them that

eye exams are a Medicaid covered service. Sally's parents request help in getting the names of providers. The nurse gives the parents the names of two providers.

Explanation: The nurse's time spent in the vision screening and contacting Sally's parents is free care. Any additional time spent assisting Sally's parents in applying for Medicaid or accessing services is code 9b.

Scenario 5:

Activity: Jack B. Tumble falls off the swing at recess and breaks his arm. Nancy, the nurse calls Jack's parents. The parents ask Nancy to call the Medicaid provider to make an appointment to take care of Jack's arm. Nancy has written permission to contact the provider. The parents pick Jack up and take him for the medical services.

Explanation: The time Nancy spends on the first aid for the broken arm and the time spent contacting Jack's parents is free care. Any additional time spent coordinating services with the Medicaid provider is code 9b.

Scenario 6:

Activity: Nancy Nurse, while talking to a pregnant teenager at Middle Washington High School, discovers that the teen has not made an appointment for prenatal care. Nancy assists the student in calling for an appointment with a Medicaid provider.

Explanation: Nancy should code the time she spent assisting the student in accessing Medicaid services for prenatal care to Code 9b.

Scenario 7:

Activity: Tommy Teacher believes Terry Tearful is suffering from depression. Tommy refers Terry to the counselor. Mr. Caring, the counselor, calls Terry's parents about the teacher's concern. The parents inform Mr. Caring that Terry has Medicaid but they do not know where to go for help. Mr. Caring provides the parents with two Medicaid mental health provider names so Terry can obtain services.

Explanation: The time Mr. Caring spent assisting the parents in accessing Medicaid services should be coded to Code 9b. Mr. Caring should indicate on his narrative that he spoke to the parents about Terry's medical condition and provided them with Medicaid provider names. Tommy Teacher's time is considered an internal referral and is not marked Code 9b.

Scenario 8:

Activity: Ari, a new student to Washington High School who is on Medicaid, has several health issues requiring the care of a specialist. Ari is not on an IEP or 504 plan. Because of the language barriers and cultural differences, Ari's parents have not been able to locate a comparable specialist in their new location. At the request of Ari's parents and with written permission, counselor Caring calls the previous specialist to find out what services Ari needs. Mr. Caring then calls local specialists who are Medicaid providers to find where Ari's needs can be served. Next, Mr. Caring contacts the local CSO to assist the parents in obtaining a waiver from managed care so Ari can go to the specialist on a fee for service basis.

Explanation: Because the time Mr. Caring spent coordinating and assisting Ari's parents resulted in Medicaid services, Mr. Caring's time should be marked Code 9b. Mr. Caring needs to write a summary of these activities in the narrative space on the time study form.

Scenario 9:

Activity: Flo Flexible, the physical therapist, is providing Sam with the exercises prescribed in Sam's I.E.P. While working with Sam, Flo finds that a bone in his foot may be broken. Flo calls the parents and the parents request that Flo call the Medicaid provider. Flo has written permission from the parents to contact the provider.

Explanation: The time Flo spent coordinating the Medicaid services for Sam should be marked Code 9b.

Code 1 – OUTREACH

1a - NON-MEDICAID OUTREACH: General health education, wellness and prevention programs and Child Find activities

Description: All staff should use this code when performing activities that inform individuals about their eligibility for non-Medicaid social, vocational, and educational programs (including special education) and how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of Code 1a:

- Informing individuals about their eligibility for non-Medicaid social, vocational and educational programs (including special education)
- Informing about wellness programs, healthy life-styles and practices
- Identifying children with special medical and/or educational needs through Child Find activities
- Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices
- Conducting general health education programs or campaigns that address life-style changes in the general population (e.g., dental prevention, anti-smoking, alcohol reduction, etc.)

Further references: CMS Guide page 23, 24

Scenario 1:

Activity: Several teachers at Valley High School have sent concerns to the school counselor about Jolly. They have seen signs of possible drug usage. The counselor calls Jolly in and discusses the warning signs for alcohol and drug abuse with Jolly.

Explanation: Time spent educating students about healthy-life styles and practices should be coded as Code 1a.

Scenario 2:

Activity: Jolly continues to show signs of drug usage. The counselor calls the parents to inform them of the school staff's concerns and tells the parents about several counseling or treatment centers in the county. The parents say they will take care of it.

Explanation: Notifying parents about wellness programs available to their children should be classified as Code 1a.

Code 1a continued

Scenario 3:

Activity: The Green Acres Middle School health teacher, Hildy Hightower, notices that many of her students are coming to class smelling like cigarette smoke. She decides to begin her curriculum with the hazards of drug, alcohol and smoking abuse. The unit also includes information about where students can get assistance in quitting smoking. Some of the organizations who offer these services are Medicaid providers.

Explanation: The time spent using curriculum in the classroom that addresses healthy life-styles should be coded to Code 1a.

Code 1 - OUTREACH

Code 1b - MEDICAID OUTREACH: Inform about Medicaid, services available and encourage access

Description: School staff should use this code when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program. Such activities include bringing potential eligibles into the Medicaid system for the purpose of the eligibility process. Outreach may only be conducted for the populations served by the school district, i.e. students and their parents or guardians.

FILTERS-This code must include:

- Must be Medicaid related
- Directed toward school population (students and their parents/guardians)

Examples of Code 1 b:

- Describing benefits and availability of Medicaid and Healthy Options managed care services to children and families
- Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal, and well baby care programs and services
- Encouraging families to access medical/dental/mental health services provided by the Medicaid program
- Distributing literature about the benefits, eligibility requirements, and availability of Medicaid, including preventive services under Early Periodic Screening Diagnosis and Treatment (EPSDT). Use MAA literature or obtain MAA approval before creating own materials

Further references: CMS Guide page 24, 25

Scenario 1:

Activity: Middle Washington High School is planning Freshman Orientation for June. The counselor, Carl Caring, offered to set-up a Medicaid booth. He is very concerned about the increasing number of students his school is receiving without medical coverage.

Explanation: If Carl's time in the booth occurs on a time study day, it should be marked Code 1b. He is providing Medicaid outreach for in-coming students and their families.

Code 1b continued

Scenario 2: (Deleted)

Scenario 3:

Activity: The first grade teacher, Miss Crabtree, finds that Andy does not have medical insurance. She contacts the parents and informs them about Medicaid services and specifically the benefits of Early and Periodic Screening, Diagnosis and Treatment. Miss Crabtree explains the benefits of being proactive with medical services. The parents are pleased that Andy might be able to have access to these services and plan to go to their local Community Services Office to apply.

Explanation: The time Miss Crabtree spends informing Andy's parents about Medicaid and EPSDT should be marked Code 1b.

Code 2 - Facilitating Applications

Code 2a - Facilitating Application for Non-Medicaid programs

Description: This code should be used by school staff when informing an individual or families about non-Medicaid programs such as Temporary Assistance for Needy Families (TANF), Food Stamps, Women, Infants, and Children (WIC), day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application.

Examples of Code 2a:

- Explaining the eligibility process for non-Medicaid programs, including IDEA
- Assisting the individual or families in gathering information and/or assisting them in completing non-Medicaid applications
- Developing and verifying initial and continuing eligibility for Free and Reduced Lunch Program or other non-Medicaid programs
- Providing necessary forms and packaging all forms in preparation for the non-Medicaid eligibility determination

Further references: CMS Guide page 25

Scenario 1:

Activity: Tiger Woods, the high school physical education teacher, notices that one of his students, John D., is continually asking other students for food or money. When he talks to John, he finds out that there is rarely food at home. Both of his parents have lost their jobs. Because Tiger has a good relationship with John and his parents, he calls them to explain how they can apply for food stamps. They are thankful and meet with him at his office where he helps them fill out the application.

Explanation: The time Tiger spends informing John's family about food stamps and assists them in the application process should be coded as Code 2a. The Food Stamp Program is not Medicaid related.

Scenario 2:

Activity: The parents of Sammy have been contacted to come to a team meeting about Sammy's academic achievement. During the meeting, the team requests that Sammy be tested to see if he would qualify for Special Education Services under IDEA. The principal explains how Sammy would qualify for these services.

Explanation: IDEA services are federally funded and not a Medicaid program. The time taken by the principal explaining to the parents how Sammy would qualify should be marked Code 2a.

Code 2 – Facilitating Applications

Code 2b- Facilitating Medicaid Eligibility Determination

Description: School staff should use this code when assisting an individual in the Medicaid eligibility process. Include related paperwork, clerical activities, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility.

FILTERS-This code must include:

- Use of Medicaid application-related information and form

Examples of Code 2b:

- Explaining and/or assisting students and families with the Medicaid application form or related materials
- Providing Medicaid application forms
- Assisting in gathering necessary documentation for the Medicaid application
- Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants
- Referring an individual or family to the local Assistance office to make application for Medicaid benefits

Further references: CMS Guide page 25

Scenario 1:

Activity: T. Carrie is a first grade student who is continually complaining about his teeth hurting. He is often unable to eat his lunch or treats. His teacher, Mrs. Floss, calls his parents about his complaints and finds that they have no dental coverage. They meet at school and Mrs. Floss assists the parents in filling out a Medicaid application.

Explanation: The time the teacher spends assisting in filling out the application should be marked Code 2b.

Scenario 2: (Deleted)

Code 2b- Facilitating Medicaid Eligibility Determination-Continued

Scenario 3:

Activity: Jan's family moves to the area two weeks after school starts. When the school secretary helps Jan's parents fill out registration material, she finds that Jan may qualify for the free lunch program. The secretary records the information for the Free and Reduced Lunch program. The secretary takes Jan and her parents to the school counselor and tells the counselor that Jan might be eligible for Medicaid. The counselor registers Jan for classes and helps her parents fill out a Medicaid application.

Explanation: The time the counselor spent on assisting Jan's parents in filling out the Medicaid application should be marked Code 2b.

Code 5 - TRANSPORTATION

Code 5a - Transportation for Non-Medicaid Services

Description: School district employees should use this code when assisting an individual to obtain transportation to services not covered by Medicaid, or accompanying the individual to services not covered by Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

Examples of Code 5a:

- Scheduling or arranging transportation to social, vocational, and/or educational programs and activities

Further references: CMS Guide page 28

Scenario 1:

Activity: Carl, the school counselor, calls Dial-a-Ride for a pregnant teen that is on Medicaid to take her to an orientation for entering the local community college.

Explanation: The transportation is not for a direct Medicaid service and the transportation is not arranged through the Medicaid broker agency so this activity should be marked Code 5a.

Scenario 2:

Activity: Terry Truant, who is on Medicaid, is having difficulty getting to school in the morning. Terry tells Mr. Caring, the counselor, that the school bus stop is over a mile away from his house. Mr. Caring calls the bus garage and verifies that the school bus stop is about a mile from Terry's house. Mr. Caring works with Paul Power, the principal, to get the route changed so Terry can be picked up in front of his house.

Explanation: The transportation is not for a direct Medicaid service and the transportation is not arranged through the Medicaid broker agency so this activity should be coded to Code 5a.

Code 5 - TRANSPORTATION

Code 5b - Schedule or arrange transportation to Medicaid covered services

Description: The State Medicaid Administration contracts with broker agencies statewide. These companies directly assist Medicaid eligible children and families once they are contacted. There must be parent permission for a student to use the transportation services.

School district employees should use Code 5b when assisting an individual to obtain transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.) but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities.

See Appendix B (Resources and Contact Information) for a list of broker agencies.

This code must include:

- Arranging for transportation through the Medicaid transportation brokerage system or assisting families with using the brokerage system.

FILTERS-This code does not include:

- Claiming for direct costs of the transportation

Further references: CMS Guide page 28, 29

Scenario 1:

Activity: Terry needs to get to his appointment with his Medicaid provider or the provider will not renew his medication for ADHD. Mr. Caring, the counselor, calls the Medicaid transportation broker to set up the transportation.

Explanation: The time Mr. Caring spent arranging the transportation should be coded as Code 5b.

Scenario 2:

Activity: Terry's parents are very frustrated with Terry for missing so many of his counseling appointments. Terry's excuses include not having a ride. The parents call Mr. Caring for assistance. Mr. Caring shows the parents how to use the transportation broker so they can set up the transportation for Terry. Mr. Caring offers to set up the transportation if the parents are not successful.

Explanation: The time Mr. Caring spent assisting the family with the transportation brokerage system should be classified as Code 5b.

Code 7 - PROGRAM PLANNING, POLICY DEVELOPMENT AND INTERAGENCY COORDINATION

Code 7a – Program planning, policy development and interagency coordination for Non-Medicaid needs and services

Description: This code should be used when performing activities associated with developing strategies to improve the coordination and delivery of non-Medicaid services to school age children. Non-Medicaid services may include social services, educational services, vocational services, and state education mandated child health screenings provided to the general school population.

Examples of Code 7a:

- Developing strategies to improve the coordination and delivery of non-medical services, such as, social, educational and vocational programs
- Analyzing non-Medicaid data related to a specific program, population, or geographic area (i.e. Free and Reduced Lunch data, Poverty levels, WASL scores)
- Working with other agencies providing non-Medicaid services to improve the coordination and delivery services and to improve collaboration around the early identification of non-Medicaid problems

Further references: CMS Guide page 30

Scenario 1:

Activity: Paul Power, the high school principal, observes a need for better coordination with Juvenile Probation, Phoenix Alternative School and Middle Washington High School. Many of the students from low-income families have increasing needs. He calls these agencies to set up a meeting.

Explanation: The time spent coordinating the services is not directly related to Medicaid services so this activity should be classified as Code 7a.

Scenario 2:

Activity: After examining school data, Mr. Power ascertains that the majority of his low-income students are enrolled in vocational classes. The Career counselor informed Mr. Power that very few of those same students have accessed the Career Center. Mr. Power calls the local Vocational School to coordinate a Vocational Career Fair. The fair is open to all students and their families but invitations are sent to targeted students.

Explanation: This activity is for educational purposes but is not Medicaid related so the time Mr. Power spent coordinating this activity should be Code 7a.

Code 7 - PROGRAM PLANNING, POLICY DEVELOPMENT AND INTERAGENCY COORDINATION

Code 7b – Program planning, policy development and interagency coordination for the delivery of Medicaid health services

Description: This code should be used when performing activities related to the development of strategies to improve the coordination and delivery of Medicaid health services to school age children and when performing collaborative activities with other agencies and/or providers. Employees whose position descriptions include program planning, policy development and interagency coordination may use this code. This code refers to activities such as planning and developing procedures to track requests for services; actual tracking for Medicaid services would be coded under Code 9b.

FILTERS-This code must include:

- Collaboration with other agencies and health care professionals regarding Medicaid related services.
- Responsibility for program planning and interagency coordination in the job description

This code does not include:

- Non-Medicaid related activities
- Multi-disciplinary team meetings for planning and policy development

Examples:

- Analyzing Medicaid data and/or evaluating the need for medical/dental/mental health services
- Identifying gaps or duplication of health services and developing strategies to improve coordination and delivery of needed health services
- Increasing Medicaid provider participation and improve provider relations
- Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligibles, and to increase provider participation and improve provider relations.
- Working with other agencies and/or providers to improve collaboration around early identification of medical/dental/mental problems.
- Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers
- Jointly developing resources such as directories of Medicaid providers

Further references: CMS Guide page 31, 32

Code 7b continued

Scenario 1:

Activity: Mr. Power, the principal, has job duties that include coordinating community services for students. He is in the process of contacting Medicaid providers to set-up a meeting. The purpose of the meeting is to coordinate services for students who are Medicaid eligible.

Explanation: Because the activity was directly related to plan better coordination of Medicaid service to students, the time spent planning and coordinating the meeting and the meeting should be coded to Code 7b.

Scenario 2:

Activity: Mr. Power collects data regarding the number of students his district has assisted in accessing Medicaid and what services they received. He reviews the data and finds a correlation with the student's scholastic WASL scores. This information is to be used to plan further Medicaid outreach.

Explanation: The data analysis was for a direct Medicaid related purpose so the time Mr. Power spent reviewing and analyzing the data should be classified as Code 7b.

Scenario 3:

Activity: The principal of Gallant Elementary School, Olivia Outreach, feels as though the list of Medicaid providers they use is out-dated. She begins calling medical providers in the community to find out if they will accept students who have a Medicaid Coupon. If they are not Medicaid providers, she asks if they are interested in becoming one and gives them the necessary information.

Explanation: Principal Outreach's time spent expanding access and increasing the provider participation in Medicaid should be marked Code 7b.

CODE 8 – TRAINING

Code 8a – Training for Non-Medicaid related services

Description: School staff should use this code when coordinating, conducting, or participating in training events and seminars for outreach regarding the benefit of programs other than the Medicaid program. For example, training may include how to assist families to access the services of education programs and how to effectively refer students for those services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

This code does not include:

- Medicaid related activities

Examples of Code 8a:

- Curriculum improvement
- Training which may include: asthma monitoring and control smoking cessation, conflict resolution, mental illness and treatment modalities
- Poverty training
- Participating in or coordinating professional development and training on instructional, emotional, social and behavioral needs of students
- Special education or 504 training

Further references: CMS Guide page 32

Scenario 1:

Activity: The staff at Gallant Elementary has been active in helping students and their families with accessing Medicaid services and filling out Medicaid applications. They believe they would benefit from the Gem Stone poverty training. This training will assist staff in understanding the needs of students in poverty. The principal arranged the training and all staff attended the training.

Explanation: This activity is not related to direct Medicaid services so the time spent arranging and attending the training should be coded to Code 8a.

Code 8 –TRAINING

Code 8b – Training for Medicaid related services

Description: School staff should use this code when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of Medicaid related services, how to assist families to access such services, and how to more effectively refer students for services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

This code does not include:

- Non-Medicaid related training
- **Initial training on Allowable activities and time study participation.**

Examples of Code 8b:

- Training to learn what Medicaid services are available for children and how to apply for coverage
- Participating in or coordinating training that improves delivery of Medicaid related services, early identification and referral for special health services like EPSDT and related administrative requirements

Further references: CMS Guide page 32, 33

Scenario 1:

Activity: During the first day that teachers are back at school, the district provides an in-service to all staff on the availability of Medicaid services to students and who the providers are in the region.

Explanation: All staff must be trained before they initially participate in SAM. Refresher training on the Medicaid program, the availability of services, and advantages of EPSDT should be coded to Code 8b if they occur on a time study day.

Code 8b – Training for Medicaid related services – Continued

Scenario 2:

Activity: Tommy Teacher set-up training for his school staff regarding Early Periodic Screening Diagnosis and Treatment (EPSDT). The elementary school where he works has a very high percentage of students who are on Free and Reduced Lunch indicating there is a high poverty level. Through surveying parents, the school has found that the majority of the students on Free and Reduced Lunch do not have medical insurance. Tommy and the staff believe more information about EPSDT is needed in order to accurately inform parents about the benefits of signing up for Medicaid and using the EPSDT program. The EPSDT training is provided by a trained staff member from MAA and the entire school staff attends.

Explanation: Training on the Medicaid program and the importance of EPSDT are coded to Code 8b if they occur on a time study day.

Note: Only staff that have completed training in allowable activities and the time study are able to claim for any activity, including additional training.